## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000073119

Entity Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
150 2ND AVENUE NORTH SUITE 400 ST. PETERSBURG, FL 33701				100 CENTRAL AVENUE SUITE 200 ST. PETERSBURG, FL 33701		
Current Mailing Address:				New Mailing Address:		
150 2ND AVENUE NORTH SUITE 400 ST. PETERSBURG, FL 33701			100 CENTRAL AVENUE SUITE 200 ST. PETERSBURG, FL 33701			
FEI Number:	20-4939821	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( ) Certifica	ate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CHIEF FINANCIAL OFFICER 200 E. GAINES ST. P.O. BOX 6200 ( 32314-6200 TALLAHASSEE, FL 32399 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						 Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DESAI, AKSHAY 150 2ND AVENU			Title: Name: Address: City-St-Zip:	PCEO (X) Change DESAI, AKSHAY M 100 CENTRAL AVENUE, SAINT PETERSBURG, FI	STE 200
Title: Name: Address: City-St-Zip:	MCINTYRE, BRE 150 2ND AVE N.			Title: Name: Address: City-St-Zip:	CFO (X) Change MCINTYRE, BRETT 100 CENTRAL AVENUE, SAINT PETERSBURG, FI	STE 200
Title: Name: Address: City-St-Zip:	PERRY, RICHAR 150 2ND AVE N,			Title: Name: Address: City-St-Zip:	COO (X) Change O'DROBINAK, JAMES 100 CENTRAL AVENUE, SAINT PETERSBURG, FI	STE 200
Title: Name: Address: City-St-Zip:	T () SCHAEFER, STE 150 2ND AVE N. SAINT PETERSE	EVE		Title: Name: Address: City-St-Zip:	T (X) Change SCHAEFER, STEVE 100 CENTRAL AVENUE, SAINT PETERSBURG, FI	STE 200
Title: Name: Address: City-St-Zip:	DIPALMA, JOHN 150 2ND AVE N,			Title: Name: Address: City-St-Zip:	GC (X) Change PATEL, SANDIP I ESQ 100 CENTRAL AVENUE, SAINT PETERSBURG, FI	STE 200
Title: Name: Address:	V (X) FANT, JERRY 150 2ND AVE N,	Delete STE 400		Title: Name: Address:	()Change	( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SANDIP PATEL GC 04/28/2009

SAINT PETERSBURG, FL 33701

City-St-Zip: